

## MEDICINE BOARD[653]

### Adopted and Filed

Pursuant to the authority of Iowa Code sections 147.76 and 272C.3, the Board of Medicine hereby amends Chapter 13, “Standards of Practice and Principles of Medical Ethics,” Iowa Administrative Code.

These amendments require, in certain circumstances, a physician or surgeon or osteopathic physician or surgeon to use pain management agreements when a patient’s chronic pain is treated with controlled substances and encourage physicians to use the Iowa Prescription Monitoring Program database and to conduct drug testing on patients when treating chronic pain with controlled substances.

The Board approved a Notice of Intended Action to amend Chapter 13 on February 11, 2011. Notice of Intended Action was published in the Iowa Administrative Bulletin on March 9, 2011, as **ARC 9414B**. A public hearing was held on March 29, 2011, from 2:30 to 3 p.m. at the Board’s office, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa.

Public comments were received from the Iowa Medical Society; the Iowa Osteopathic Medical Association; the Iowa Society of Anesthesiologists; the U.S. Department of Justice, Drug Enforcement Administration; Mark Barnhill, D.O., Iowa Health Physicians; and Elaine K. Berry, M.D., Cass County Hospice. In response to comments, the following changes were made to the proposed amendments:

- Pain management agreements are to be used for patients who are prescribed controlled substances for more than 90 days, and then only if the physician has reason to believe that a patient is at risk of drug abuse or diversion.
- Physicians shall consider use of drug testing for patients who are prescribed controlled substances for more than 90 days to ensure that the patient is receiving appropriate therapeutic levels of prescribed medications or if the physician has reason to believe that a patient is at risk of drug abuse or diversion.
- If a pain management agreement is not used for patients who are prescribed controlled substances for more than 90 days, the physician shall document the justification in the patient’s medical record.
- Pain management agreements are not necessary for hospice or nursing home patients.
- The proposed phrase “strongly recommends” was changed to “recommends” in this sentence in subrule 13.2(7): “The board recommends that physicians utilize the prescription monitoring program when prescribing controlled substances to patients if the physician has reason to believe that a patient is at risk of drug abuse or diversion.”

These amendments were adopted by the Board on June 3, 2011.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code chapters 148 and 272C.

These amendments will become effective on August 17, 2011.

The following amendments are adopted.

ITEM 1. Amend paragraph **13.2(5)“g”** as follows:

*g. ~~Physician-patient~~ Pain management agreements. A physician ~~treating~~ who treats patients for chronic pain with controlled substances ~~or opiates~~ shall consider ~~establishing physician-patient agreements~~ using a pain management agreement with each patient being treated that ~~specify~~ specifies the rules for medication use and the consequences for misuse. In ~~preparing an~~ determining whether to use a pain management agreement, a physician shall evaluate ~~the case of each patient on its own merits,~~ taking into account ~~the nature of the risks to the patient and the potential benefits of long-term treatment with controlled substances.~~ A physician who prescribes controlled substances to a patient for more than 90 days for treatment of chronic pain shall utilize a pain management agreement if the physician has reason to believe a patient is at risk of drug abuse or diversion. If a physician prescribes controlled substances to a patient for more than 90 days for treatment of chronic pain and chooses not to use a pain management agreement, then the physician shall document in the patient’s medical records the reason(s) why a pain management agreement was not used. Use of pain management agreements is not necessary for hospice or nursing home patients. A sample pain management agreement and prescription drug risk assessment tools may be found on the board’s Web site at [www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov).*

ITEM 2. Reletter paragraph **13.2(5)“i”** as **13.2(5)“j.”**

ITEM 3. Adopt the following new paragraph **13.2(5)“i”**:

*i. Drug testing.* A physician who prescribes controlled substances to a patient for more than 90 days for the treatment of chronic pain shall consider utilizing drug testing to ensure that the patient is receiving appropriate therapeutic levels of prescribed medications or if the physician has reason to believe that the patient is at risk of drug abuse or diversion.

ITEM 4. Renumber subrule **13.2(7)** as **13.2(8)**.

ITEM 5. Adopt the following new subrule 13.2(7):

**13.2(7) Prescription monitoring program.** The Iowa board of pharmacy has established a prescription monitoring program pursuant to Iowa Code sections 124.551 to 124.558 to assist prescribers and pharmacists in monitoring the prescription of controlled substances to patients. The board recommends that physicians utilize the prescription monitoring program when prescribing controlled substances to patients if the physician has reason to believe that a patient is at risk of drug abuse or diversion. A link to the prescription monitoring program may be found at the board's Web site at [www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov).

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/13/11.